

East Missouri Action Agency, Inc. Head Start
FAMILY AND COMMUNITY PARTNERSHIP
WORK SERVICE PLAN

REVISED JUNE 2011

1304.40 – 1304.50 (Performance Standard)

Objective: *To inform new and returning staff of the social services, parent involvement aspect of our Head Start program and how it affects our families and communities.*

I. Performance Standard 1304.40 through 1304.50 outlines

FAMILY AND COMMUNITY PARTNERSHIPS

1304.40 Family partnerships. (a) Family goal setting. (1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.

A Family Partnership Agreement is filled out with parents to identify needs and strengths, set goals and to develop a plan for services. This assessment will begin at Final Enrollment and be ongoing throughout the year as needed.

PEOPLE INVOLVED: FAMILY ADVOCATE, AREA SUPPORT ASSISTANTS, PARENTS, AREA COORDINATORS, AND OTHER SCREENING STAFF.

DOCUMENTATION: FAMILY PARTNERSHIP AGREEMENT

1304.40(a) (2). As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized Family Partnership Agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. This Agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities.

A Family Partnership Agreement will be filled out with parents beginning with the final enrollment. This agreement will describe family goals and responsibilities with ongoing progress updates, and will list family strengths for reaching these goals.

PEOPLE INVOLVED: FAMILY ADVOCATE, PARENTS

DOCUMENTATION: FAMILY PARTNERSHIP AGREEMENT, FAMILY CONTACT/TRANSACTION FORM

1304.40(a)(3) To avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and the Early Head Start or

Head Start family, the Family Partnership Agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans. Grantee and delegate agencies must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans.

The Family Partnership Agreement Form will include space for information about other agencies the family would be involved in or of services they are receiving. This agency will provide an updated resource list, for their area, on an annual basis.

PEOPLE INVOLVED: FAMILY ADVOCATES, PARENTS, OTHER STAFF AS NEEDED

DOCUMENTATION: FAMILY PARTNERSHIP AGREEMENT FORM, FAMILY CONTACT/TRANSACTION FORM

1304.40(a) (4) a variety of opportunities must be created by grantee and delegate agencies for interaction with parents throughout the year.

Parent meetings will be held monthly at each site. A parent area has been prepared for parents at each site to review current information and communications as well as other information from organizations which might be of interest to them. Parents will be encouraged to volunteer at each site as well as to serve on Policy Council. Parent meetings will provide training opportunities for parents monthly, and parents will be included in monthly staff training. Cluster meetings will be held in addition to the above, with training topics selected by the parents.

PEOPLE INVOLVED: EDUCATION STAFF, FAMILY ADVOCATE, PARENTS, AREA COORDINATORS, TRAINERS

DOCUMENTATION: MEETING/PARTICIPATION REPORT, IN-KIND FORM OF EACH FAMILY'S DIVERSITY AND CULTURAL AND ETHNIC BACKGROUND.

1304.40(a) (5) Meetings and interactions with families must be respectful

Each family's diversity, cultural and ethnic background will be respected during the planning and implementation of these meetings. Trainers/Speakers from outside agencies will be sought to help train families and staff in diversity and cultural/ethnic background.

PEOPLE INVOLVED: PARENTS, EDUCATION STAFF, FAMILY ADVOCATE, TRAINERS

DOCUMENTATION: MEETING/PARTICIPATION FORM, IN-KIND FORM

1304.40(b) (1), (2). Accessing community services and resources. (1) Grantee and delegate agencies must work in collaboration with all participating parents to identify and continually access, directly or through referrals, services and resources that are responsive to each family's interests and goals, including:

- (i) Emergency or crisis assistance in areas such as food, housing, clothing and transportation;**
- (ii) Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place family at risk, such as substance abuse, child abuse and neglect, and domestic violence; and**

(2) Grantee and delegate agencies must follow-up with each family to determine whether the kind, quality, and timeliness of the services received through referrals met the families' expectations and circumstances.

Parents will be made aware of community resources, adult classes in consumer education, financial assistance, and family mental health and employment counseling. Parents in need of emergency and crisis assistance will be referred to other programs within this Agency as well as other programs available within the community. Follow-up will be done on all identified needs to ensure that family needs are met. This process will be ongoing throughout the program year as needed.

PEOPLE INVOLVED: FAMILY ADVOCATE, PARENTS, COMMUNITY AGENCIES

DOCUMENTATION: FAMILY CONTACT/TRANSACTION FORM, FAMILY NEEDS ASSESSMENT/FAMILY PARTNERSHIP FORM

1304.40(d) (1). Parent involvement-general. In addition to involving parents in program policy-making and operations, grantee and delegate agencies must provide parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents, both as individuals and as members of a group. Other community agencies should be encouraged to assist in the planning and implementation of such programs.

In September, parents will be encouraged to join Parent Committees. Parent Committees will decide what topics will be covered. Throughout the program year, parents will be provided with referrals to this and other agencies to meet individual needs. Community agencies will assist in providing training in their specialty as requested by parents.

PEOPLE INVOLVED: FAMILY ADVOCATE, EDUCATION STAFF, COMMUNITY AGENCIES, AREA COORDINATOR, CENTER COMMITTEE

DOCUMENTATION: MEETING/PARTICIPATION REPORT, PARENT MEETING MINUTES, NEWSLETTERS, PARENT AREA COMMUNICATION

1304.40(d) (2). Early Head Start and Head Start settings must be open to parents during all program hours. Parents must be welcomed as visitors and encouraged to observe children as often as possible to participate with children in group activities. The participation of center-based parents in any program activity must be voluntary, and must not be required as a condition of the child's enrollment.

Parents are encouraged to visit the site to observe or participate in their child's activities. Participation of parents is voluntary, and will not be required as a condition of the child's enrollment, in the center-based program. This will be reinforced at the monthly home visits with Family Advocates; newsletters sent home and parent meetings.

PEOPLE INVOLVED: EDUCATION STAFF, FAMILY ADVOCATE, PARENTS

DOCUMENTATION: PARENT/CHILD SIGN-IN SHEET, LESSON PLAN, IN-KIND FORM, FAMILY/CONTACT TRANSACTION FORM

1304.40(d) (3). Grantee and delegate agencies must provide parents with opportunities to participate in the program as employees or volunteers.

Parents will be given preference for paid positions when qualified. They will be encouraged to volunteer in the program. Notices of job openings will be posted at each site for the parents' review.

Parents will be encouraged and trained like staff to volunteer in the Head Start Program.

PEOPLE INVOLVED: FAMILY ADVOCATE, EDUCATION STAFF, PARENTS

DOCUMENTATION: APPLICATION FILES, DAILY LESSON PLAN, VOLUNTEER PLAN

1304.40(e). Parent Involvement in child development and education. (1) Grantee and delegate agencies must provide opportunities to include parents in the development of the programs curriculum and approach to child development and education.

See Education Plan under Long-Range planning.

PEOPLE INVOLVED: EDUCATION SPECIALIST, DIRECTOR, EDUCATION STAFF, PARENTS, POLICY COUNCIL

DOCUMENTATION: PARENT MEETING MINUTES, POLICY COUNCIL MINUTES

1304.40(e) (3). Grantee and delegate agencies must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children with program staff.

Parent-teacher conferences will be conducted bi-annually as well as the Family Advocates visiting in the home every other month and making alternating contacts with the families. Parents visiting the center may discuss their child's progress, or any concerns they may have with the teaching staff at any time. Parents are encouraged to volunteer in the classroom, plan activities to implement with the children, read to the children or just be observers.

PEOPLE INVOLVED: EDUCATION STAFF, FAMILY ADVOCATE, AGENCY/COMMUNITY TRAINERS, AREA COORDINATOR

DOCUMENTATION: PARENT/CHILD SIGN-IN SHEETS, IN-KIND FORM, FAMILY CONTACT/TRANSACTION FORM. MEETING/PARTICIPATION FORM, HOME VISIT REPORT

1304.40(e)(4) Grantee and delegate agencies must provide, either directly or through referrals to other local agencies, opportunities for children and families to participate in family literacy services by: (i) Increasing family access to materials, services, and activities essential to family literacy development; and (ii) Assisting parents as adult learners to recognize and address their own literacy goals.

Families will be encouraged to take advantage of literacy development. Staff will provide materials to parents as needed as well as to plan for opportunities in literacy activities. Families will be referred to the local ABE programs as needed. Collaborative efforts with outside agencies will be sought to deliver/assist families in meeting their literacy goals. At final enrollment of the children the Family Needs Assessment/Partnership Agreement form will be filled out and used to identify literacy needs.

PEOPLE INVOLVED: FAMILY ADVOCATE, EDUCATION STAFF, AREA COORDINATOR, OUTSIDE AGENCIES

DOCUMENTATION: FAMILY CONTACT/TRANSACTION FORM, CONTRACTS, FAMILY NEEDS ASSESSMENT/FAMILY PARTNERSHIP AGREEMENT FORM.

1304.40(e) (5). In addition to the two home visits, teachers in center-based programs must conduct staff-parent conferences, as needed, but no less than two per program year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental progress and activities of children in program.

See 1304.40(e) (3)

PEOPLE INVOLVED: TEACHING STAFF, PARENTS

DOCUMENTATION: HOME VISIT REPORTS, DEVELOPMENTAL CHECKLISTS, EDUCATION PORTFOLIOS

1304.40(f) Parent Involvement in health, nutrition and mental health education. (1) Grantee and delegate agencies must provide medical, dental, nutrition and mental health education programs for program staff, parents and families. (2) Grantee and delegate agencies must ensure that, at a minimum, the medical and dental health education program: (i) Assists parents in understanding how to enroll and participate in a system of ongoing family health care. (ii) Encourages parents to become active partners in their children's medical and dental health care process and to accompany their child to medical and dental examinations and appointments; and (iii) Provides parents with the opportunity to learn the principles of preventive medical and dental health, emergency first-aid, occupational and environmental hazards, and safety practices for use in the classroom and in the home. In addition to information on general topics, (e.g., maternal and child health and the prevention of Sudden Infant Death Syndrome), information specific to the health needs of individual children must also be made available to the extent possible.

Medical and dental education will be provided to Head Start staff and families involving the principles of medical and dental health, emergency first aid, occupational and environmental hazards and safety as well as maternal and child health and SIDS annually. Information on specific health needs of individual children will be provided.

PEOPLE INVOLVED: FAMILY ADVOCATE, EDUCATION STAFF, CHILD/FAMILY HEALTH SPECIALIST, AREA COORDINATOR, AGENCY SAFETY OFFICER

DOCUMENT: MEETING/PARTICIPATION, REPORT, FAMILY CONTACT/TRANSACTION FORM, STAFF MEETING REPORT

1304.40(f) (3). Grantee and delegate agencies must ensure that the nutrition education program includes, at a minimum: (i) Nutrition education in the selection and preparation of foods to meet family needs and in the management of food budgets; and (ii) Parent discussions with program staff about the nutritional status of their child.

Nutrition education will be provided to include selecting and preparing food, and food budgeting. Staff and parents will discuss their child's nutrition status.

PEOPLE INVOLVED: NUTRITION SPECIALIST, HEALTH STAFF, EDUCATION STAFF, FAMILY ADVOCATE, AREA COORDINATOR, COOK, COOK AIDE

DOCUMENTATION: FAMILY CONTACT/TRANSACTION FORM, MEETING/PARTICIPATION FORM, HOME VISIT REPORT, HOME VISIT PLAN, CHILD HEALTH RECORD

1304.40(f) (4). Grantee and delegate agencies must ensure that the mental health education program provides at a minimum: (i) A variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health; (ii) Individual opportunities for parents to discuss mental health issues related to their child and family with program staff; and (iii) The active involvement of parents in planning and implementing any mental health interventions for their children.

Mental health issues relating to children will be addressed annually and included in training's as needed. Staff will be available to parents to discuss their child's mental health at any time. Parents will assist in planning and implementing any mental health interventions for their children. Parents and staff will have accessibility to services from the healthy living consultants serving our program.

PEOPLE INVOLVED: FAMILY ADVOCATE, EDUCATION STAFF, CHILD/FAMILY HEALTH SPECIALIST, AREA COORDINATOR, DISABILITIES SPECIALIST, MENTAL HEALTH CONSULTANT

DOCUMENTATION:FAMILYCONTACT/TRANSACTION FORM MEETING/PARTICIPATION FORM, MENTAL HEALTH CONSULTANT REPORT

1304.40(g) Parent involvement in community advocacy. (1) Grantee and delegate agencies must: (i) Support and encourage parents to influence the character and goal of community services in order to make them more responsive to their interests and needs; and (ii) Establish procedures to provide families with comprehensive information about community resources. (2) Parents must be provided regular opportunities to work together, and with other community members, on activities that they have helped develop and in which they have expressed an interest.

Each family will be provided with a listing of resources in their community to use as a reference for services available to them, within the first quarter of the program year. Parents will be encouraged and supported by this program to let the community know of needs through which community assistance can be utilized. Parents will be given opportunities to work together and with other community members on activities in which they are interested.

PEOPLE INVOLVED: FAMILY ADVOCATES, EDUCATION STAFF, AREA COORDINATOR, AREA SUPPORT ASSISTANT

DOCUMENTATION: FAMILY CONTACT/TRANSACTION FORM, PARENT MEETING MINUTES, MEETING/PARTICIPATION FORM, OTHER MEETING MINUTES

1304.40(h) Parent involvement in transition activities. (1) Grantee and delegate agencies must assist parents in becoming their children's advocate as they transition both into Early Head Start or Head Start from the home or other child care setting, and from Head Start to elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or a child care setting. (2) Staff must work to prepare parents to become their children's advocate through transition periods by providing that, at a minimum, a staff-parent meeting is held toward the end of the child's participation in the program to enable parents to understand the child's progress while enrolled in Early Head Start or Head Start.

This program will conduct transition meetings, teas, and other transition activities to prepare parents in transition procedures in order to successfully act as their children's advocate. These will be conducted within the last half of the program year. Parents will be encouraged to participate in transition committee meetings to develop plans for transitioning within their areas. This will be offered twice a year or as needed at each site.

PEOPLE INVOLVED: PARENTS, TRANSITION STAFF, EDUCATION STAFF, FAMILY ADVOCATE, AREA COORDINATOR, COMMUNITY

DOCUMENTATION: MEETING/PARTICIPATION FORM

(3) To promote the continued involvement of Head Start parents in the education and development of their children upon transition to school, grantee and delegate agencies must: (i) Provide education and training to parents to prepare them to exercise their rights and responsibilities concerning the education of their children in the school setting; and (ii) Assist parents to communicate with teachers and other school personnel so that parents can participate in decisions related to their children's education.

Parent meetings will address rights and responsibilities of parents in communicating with the public school system at least once each year. Collaborative meeting with public schools may be conducted to inform parents of the process of Individual Education Plans as needed.

PEOPLE INVOLVED: FAMILY ADVOCATE, AREA COORDINATOR, DISABILITIES SPECIALIST, PARENTS, PUBLIC SCHOOL

DOCUMENTATION: MEETING/PARTICIPATION REPORT, PARENT MEETING MINUTES, IN-KIND, CENTER

1304.40(i) (4) (i). Parent involvement in home visits. (1) Grantee and delegate agencies must not require that parents permit home visits as a condition of Early Head Start or Head Start center-based program options. Every effort must be made to explain the advantages of home visits to the parents.

Center-option staff will encourage and explain the advantages of home visits done by Family Advocates and teaching staff. This program will not require that parents permit home visits as a condition of their child's enrollment. Teaching staff will make two (2) home visits per year.

PEOPLE INVOLVED: FAMILY ADVOCATE, TEACHING STAFF

DOCUMENTATION: HOME VISIT REPORT, FAMILY CONTACT/TRANSACTION REPORT, MEETING/PARTICIPATION FORM, PARENT MEETING MINUTES.

1304.40(i) (2). The child's teacher in center-based programs must make no less than two home visits per program year to the home of each enrolled child, unless the parents expressly forbid such visits, in accordance with the requirements of 45 CFR 1306.32(b)(8). Other staff working with the family must make or join home visits, as appropriate. (3) Grantee and delegate agencies must schedule home visits at times that are mutually convenient for the parents or primary caregivers and staff. (4) In cases where parents whose children are enrolled in the center-based program option ask that the home visits be conducted outside the home, or in cases where a visit may take place at an Early Head Start or Head Start site or at another safe location that affords privacy. Home visits in home-based program options must be conducted in the family's home.

When possible, staff working with the families can conduct joint home visits, when both staff and parents agree. Home visits will be scheduled to accommodate staff and parents and/or primary caregivers. Home visits for center-based options may be conducted outside the home if significant safety hazards are involved, or at the parent's request.

PEOPLE INVOLVED: FAMILY ADVOCATE, TEACHING STAFF

DOCUMENTATION: HOME VISIT REPORT, FAMILY CONTACT/TRANSACTION FORM, IN-KIND FORM

1304.41 Community Partnerships. (a) Partnerships (1) Grantee and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among

agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships.

The Head Start program will participate in collaborative efforts to involve community, parents and staff to improve the delivery of community services to children and families and to keep within confidentiality policies. The Agency and Head Start staff will work together to contact other agencies and to participate on boards and committees to promote delivery of community services. Agency confidentiality policies will be followed. Joint training with the Agency Community Services Program will be held annually to share information regarding both programs in relationship to each other at a scheduled time convenient for both programs.

PEOPLE INVOLVED: ALL STAFF, PARENTS, COMMUNITY AGENCIES, PUBLIC SCHOOLS, AGENCY STAFF

DOCUMENTATION: MEETING MINUTES, MEETING/PARTICIPATION FORM, IN-KIND FORM, CONFIDENTIAL POLICY

1304.41(a)(2) Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure that Early Head Start and Head Start programs respond to community needs, including: (i) Health care providers, such as clinics, physicians, dentists and other health professionals; (ii) Mental health providers; (iii) Nutritional service providers; (iv) Individuals and agencies that provide services to children with disabilities and their families; (v) Family preservation and support services; (vi) Child protective services and any other agency to which child abuse must be reported under State or Tribal law; (vii) Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families; (viii) Providers of child care services; and (ix) Any other organizations or businesses that may provide support and resources to families.

All of the above will be provided for parents through working closely with community sources and this program. When possible, contracts will be entered into annually to provide services. On a month to month basis, as needed by parents, we will provided training and resources materials from agencies appropriate to the need. Our Agency will provided Child Abuse and Neglect training to all staff once per year with parents included in/invited to this same training.

PEOPLE INVOLVED: AGENCY AND HEAD START STAFF, COMMUNITY AGENCIES

DOCUMENTATION: WRITTEN AGREEMENTS, FAMILY CONTACT/TRANSACTION FORM, MEETING/PARTICIPATION FORM, INVOICES

1304.41(a) (3) Grantee and delegate agencies must perform outreach to encourage volunteers from the community to participate in Early Head Start and Head Start programs.

The Coordinator of Volunteers will develop a network of resources to involve community volunteers in the Head Start program.

PEOPLE INVOLVED: HEAD START STAFF, COORDINATOR OF VOLUNTEERS, POLICY COUNCIL

DOCUMENTATION: RECRUITING RESOURCES FORM, CORRESPONDENCE LETTERS, ETC.

1304.41(a)(4) To enable the effective participation of children with disabilities and their families, grantee and delegate agencies must make specific efforts to develop interagency agreements with local education agencies (LEAs) and other agencies within the grantee and delegate agency's service area.

SEE DISABILITIES WORK SERVICE PLAN, 1308.4.1.

1304.41(b) Advisory committees. Each grantee directly operating an Early Head start or Head start program, and each delegate agency, must establish and maintain a Health Services Advisory Committee which includes professionals and volunteers from the community. Grantee and delegate agencies also must establish and maintain such other service advisory committees as they deem appropriate to address program service issues such as community partnerships and to help agencies respond to community needs.

SEE HEALTH WORK SERVICE PLAN, 1304.3-2.

1304.41(c) (1), (2), (3) Transition services

SEE EDUCATION/MENTAL HEALTH/TRANSITION WORK SERVICE PLAN

Subpart D—Program Design and Management

1304.50 Program governance (a) Policy Council, Policy Committee and Parent Committee structure.

Parent Committees will be established at each site during the second meeting. The Parent Committee will consist of parents of currently enrolled children. Each committee will elect a Chairperson, Vice-Chairperson and a Secretary. Members will be elected to sit on a hiring committee to assist the Site Manager and/or Area Coordinator with interviews for paid staff positions at the local level. They may also be asked to attend conferences with staff when problems develop. Local Policy Council members will automatically serve on the hiring committee. New members will be elected as openings occur.

PEOPLE INVOLVED: SITE MANAGER, AREA COORDINATOR, PARENTS

DOCUMENTATION: MEETING/PARTICIPATION REPORT, MEETING MINUTES

A new Policy Council is established in October of each program year in which members will serve until new members are elected and seated at the end of the program year.

PEOPLE INVOLVED: SITE MANAGER, AREA COORDINATOR, DIRECTOR, POLICY COUNCIL

DOCUMENTATION: MINUTES, IN-KIND, SIGN IN SHEETS.

1304.50(b) Policy group composition formation.

A parent is elected from each site to represent that site to the Policy Council. One of these are elected from each of the eight (8) counties which we serve to sit on the Policy Council itself with the exception of Cape Girardeau, St. Francois and Washington County from which two (2) Policy Council members are elected. One community representative is selected from each of the eight (8) counties to serve as a member of the Policy Council. These totals will comprise the required 51% parent member with the remainder being community representatives. Community Representatives will be from local businesses and organizations or have knowledge of services/resources for low-income families and may include parents of formerly-enrolled Head Start children.

Referrals from staff, present Policy Council members or other volunteers, or other community persons may refer a community representative to Policy Council. The Director will contact the referred person to determine if that person would be interested in serving on the Council. Final approval will be given by Policy Council.

Each Policy Council member will be (re) elected each term and will not serve more than a total of three (3) terms.

PEOPLE INVOLVED: POLICY COUNCIL, DIRECTOR, AREA COORDINATOR, COORDINATOR OF VOLUNTEERS

DOCUMENTATION: POLICY COUNCIL MEETING MINUTES, RECRUITING RESOURCES FORM

1304.50(d) Policy group or Policy Committee

Policy Council will assist in the developing, review and approval of funding applications and amendments before submitting these to the Grantee Board. Procedures on the role each of the Policy Council and Grantee Board plays in decision making will be approved by the Policy Council.

Policy Council will review the CNA annually to determine:

1. The demographics of income-eligible children and families
2. Other preschool programs and the number of Head Start eligible children they serve
3. Community resources available to each area

Policy Council will approve the program's philosophy and assist in developing long and short range objectives.

Policy Council will approve the eligibility priority grid used in determining enrollment of income eligible children.

Policy Council will determine the composition of the Policy Council and the procedures for selection of members.

PEOPLE INVOLVED: POLICY COUNCIL, DIRECTOR

DOCUMENTATION: POLICY COUNCIL MEETING MINUTES, OTHER SUPPORTIVE MATERIALS

Policy Council will participate in the annual program self-assessment, determining progress and/or need for improvement, and will act on these findings to ensure compliance in all areas. An independent audit will be conducted each year with a full report submitted to both Policy Council and the Grantee Board. Policy Council will approve changes to personnel policies involving Head Start staff including standards of conduct for staff, consultants and volunteers.

PEOPLE INVOLVED: POLICY COUNCIL, DIRECTOR, AREA COORDINATORS, STAFF, PARENTS, VOLUNTEERS

DOCUMENTATION: SELF-ASSESSMENT TOOL USED, POLICY COUNCIL MEETING MINUTES

Policy Council is involved in the hiring and firing of Head Start staff by participation in interviews with job applicants and in conferences dealing with personnel matters. The entire Council gives final approval and advice on all staff hiring and termination. The Council must approve the hiring or termination of the Director.

PEOPLE INVOLVED: POLICY COUNCIL, DIRECTOR, AREA COORDINATORS, DEPUTY DIRECTOR

DOCUMENTATION: PERSONNEL REPORTS, POSITION APPLICATIONS, CONFERENCE REPORTS, POLICY COUNCIL MEETING MINUTES

Policy Council members will report to Parent Committees on decisions made in Policy Council meetings and be sure that parents understand their rights and responsibilities as well as to encourage parents to participate in the program monthly. A Policy Council member will attend Grantee Board meetings to act as a Liaison to the Board regarding decisions made by the Policy Council. Meetings are held monthly.

PEOPLE INVOLVED: POLICY COUNCIL, DIRECTOR

DOCUMENTATION: POLICY COUNCIL MEETING MINUTES

Policy Council members will inform the Coordinator of Volunteers of possible volunteer services that may be recruited from each of their areas. A form is provided for their use; however, any written communication is welcome.

PEOPLE INVOLVED: POLICY COUNCIL, COORDINATOR OF VOLUNTEERS, STAFF

DOCUMENTATION: RECRUITMENT RESOURCES FORM, OTHER WRITTEN COMMUNICATION

Community complaint procedures have been established and are utilized as needed. These procedures are posted at all Head Start sites.

PEOPLE INVOLVED: POLICY COUNCIL, DIRECTOR, EXECUTIVE DIRECTOR, STAFF AND PARENTS

DOCUMENTATION: WRITTEN COMPLAINT REPORT, CORRESPONDENCE

1304.50(e) Parent Committee

Parent Committees are involved in developing plans, activities and policies at the local level which is reviewed or approved as needed during their meeting.

PEOPLE INVOLVED: PARENTS, SITE MANAGER, TEACHING STAFF, AREA COORDINATOR

DOCUMENTATION: PARENT COMMITTEE MEETING MINUTES, LESSON PLANS, MEETING/PARTICIPATION FORM

1304.40(f) Policy Council, Policy Committee and Parent Committee Reimbursement

Reimbursement is given to Policy Council and Parent Committees for mileage and child care during the times they are actively serving in these entities. Child care is reimbursed at \$2.00 per hour and mileage reimbursement will be equal to the State reimbursement rate for the current year. Reimbursement of baby-sitting for parent meetings is provided at a \$10.00 per meeting rate. Transportation is available to these meetings on an as needed basis.

PEOPLE INVOLVED: POLICY COUNCIL, PARENT COMMITTEE, SITE MANAGER, HOME-BASE EDUCATOR, DIRECTOR, EXECUTIVE DIRECTOR, BOOKKEEPER

DOCUMENTATION: REIMBURSEMENT FORMS, MEETING/PARTICIPATION FORMS

1304.50(g) governing body responsibilities

The Grantee has written by-laws in place which define the roles and responsibilities of the Grantee Board. It ensures that internal controls safeguards Federal funds. The Grantee Board and the Policy Council have approved procedures for resolving internal disputes. An arbitrary committee is established if an impasse occurs and the decision of this committee is final.

PEOPLE INVOLVED: GRANTEE BOARD, EXECUTIVE DIRECTOR, DIRECTOR, POLICY COUNCIL

DOCUMENTATION: GRANTEE BOARD AND POLICY COUNCIL MEETING MINUTES

II. TIME LINE

1304(a) (3) to avoid duplication of effect.

This agency will provide an updated resource list, for each area, on an annual basis.

1304.40(d) (1) Parent involvement-general

September, as well as ongoing

1304.40(e) Parent Involvement in child development and education.

April, Education Specialist, Parent Committees, Teaching Staff and Policy Council

1304.40(e) (3) Provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children with program staff.

Parent-Teacher conferences twice annually (November and April)

Two (2) home visits by Education staff (September and January)

1304.40(f) (4) Mental Health Education Program.

Mental Health Training will be given each year in March for staff and parents

1304.40(i) (4) Parent Involvement in home visits.

Family Advocates will offer four (4) home visits per year (one every other month) and contact families by note/phone on alternating months.

Teaching staff will offer two (2) home visits per year (September and January).

1304.41 Community partnerships.

Joint training with the Agency Community Service Program will be held once a year.

1304.41(a) (2) Establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs.

Child Abuse and Neglect will be offered to staff and parents twice yearly (September and January).

1304.50 Program governance.

Parent Committees will be formed during the second parent meeting of each year.

1304.50(d) Program Group Committee.

Policy Council will review the CNA annually.

Policy Council will annually approve the eligibility priority grid used in determining enrollment of income-eligible children.

Policy Council will participate in the annual program self-assessment, determining progress and/or need for improvement, and will act on these findings to ensure compliance in all areas.

III. PROGRAM GUIDELINES

FAMILY AND COMMUNITY PARTNERSHIPS

SOCIAL SERVICES

PARENT INVOLVEMENT

- A. Recruiting – must be done on a continuing basis and be of concern to all staff.** Centers falling under specific numbers of children could result in staff reductions or Center closing. Applications will be a priority with everyone, and the appropriate documentation will be attached. A concentrated recruitment campaign will begin in February for enrollment in the fall program. Possible people or agencies, other staff, etc will be invited to help with recruitment meeting and identifying children and families that are eligible for Head Start.
- B. Applications** – Once the application is completed it is given to the Area Support Assistant to be coded and entered in the computer. Each application will now be required to have the eligibility paper work attached. Documents required with the application are; Birth Certificate or hospital record, verification of income and custody paper when they exist. No application will be processed if these forms are not attached. The instructions on how to fill out an application will be given out each year by the computer specialist. When the Center has an opening the Area Coordinator will choose a child from the wait list. The child with the most points will be given to the Family Advocate to contact and start the final enrollment process.
- C. Final Enrollment** – After the family has been contacted final enrollment will be done. Final enrollment will be completed only by the parent or guardian. Forms that will be needed to complete final enrollment are:
- a. Agreement Form – Circle center, write child’s full name, circle parent or guardian, child’s telephone number, child’s address, on the I agree part have parent initial yes or no on each question including the permissions, have parent sign and date then staff signs and dates. All questions on the form are to be initialed (not checked) by parent/guardian and signed and dated. Staff will sign and date where indicated.
 - b. Child Health/Nutrition History – Fill out front and back
 - c. Family Contact/Transaction Form – Fill out and give to computer person to enter in the computer.
 - d. Family Needs Assessment / Family Partnership Agreement – Fill out front and back and update every other month.
 - e. Parent’s Rating Form – Choose (child’s age) the form and have parents fill out. PAY SPECIAL ATTENTION TO THE ASTERISK ON QUESTION 37 AND 38. FOLLOW DIRECTIONS
 - f. Contact Sheet (old one) – To be kept in the center for all to use and document contacts with the child or parent when you finish final enrollment document date and code and final enrollment.

- g. PIR Tracking Information – This form will be used for information gathering to begin at final enrollment but used as information changes. When final enrollment is done and information is put on this form give to the Area Support Assistants to put in the computer. At any time during the year this form is updated, use the same form that is kept in the child’s file and give back to the Area Support Assistants. The Area Support Assistant will initial and date when they put any of this information in the computer. This will keep straight what has been entered to date. Each change should be documented with a different colored ink to indicate new information.
- h. Release of Information Form
- i. Enrollment Form for Child Care Centers (from Mo Dept of Health)
- j. Change of Status Form, Make all necessary changes on this form and give to Area Support Assistants

Full Day Only:

- 1. Late Fee Agreement
- 2. Full Day Agreement Regarding Licensing

Things to give to parents at final enrollment (included in Parent Handbook):

- 1. Pamphlet about Head Start
- 2. Communicable Disease Fact Sheet
- 3. “New Beginnings” (go over this form with the parents and leave with them)
- 4. Parent Questionnaire (from Dial-3)
- 5. Discipline
- 6. Developmental Benchmarks
- 7. When a Child is Too Sick to Attend

After final enrollment is completed the agreement form, two pages Family Needs Assessment/Family Partnership Agreement and the Change of Status form goes to the Area Support Assistant to be entered in the computer and returned to the child’s file by the Family Advocate.

- k. CACFP enrollment form needs to be filled out and signed by parent.

D. Enrollment Information

E. M. A. A. HEAD START ENROLLMENT POLICY

EMAA Head Start will begin each program enrollment year at full enrollment as required by the Federal Performance Standards, Part 1305 and by the A.C.F. Program Instruction dated 11/30/2004, Subject: Achieving and Maintaining Full Enrollment.

Performance Standard 1305.7 (b)

A Head Start grantee must maintain its funded enrollment level. When a program determines that a vacancy exists, no more than 30 calendar days may elapse before the vacancy is filled. A program may elect not to fill a vacancy when 60 calendar days or less remain in the program's enrollment year.

A.C.F. Program Instruction - Subject: Achieving and Maintaining Full Enrollment

Page 2 of these instruction sheet states, among other things, *"It should be noted that programs are expected to be at full enrollment on the first day of their enrollment year."*

In order to ensure full enrollment on the first day of class, Head Start children will be accepted by the Area Coordinator according to assigned points from the Eligibility Priority Criteria/Data Entry form during the months of June and/or July. Center staff returns in August to begin the Final Enrollment process with the accepted families. Once all Final Enrollment forms have been filled out on an accepted child, with the parent or legal guardian, staff will complete a Change of Status giving an enrollment date of the first day of Head Start class. If the child does not attend Head Start on the first day of class the child will be counted absent. If this is the case, staff will contact the parent or guardian that day, for an explanation. The child will continue to be counted absent until he or she attends or until it is decided to terminate enrollment on the child, which may be necessary after the third day of non attendance, unless a valid reason for the absences is determined.

When a vacancy occurs throughout the program year, staff will inform the Area Coordinator within one week, so the slot can be filled as soon as possible, but always within 30 days.

When a child is enrolled, the following information must be given to the appropriate Site Manager:

1. Full name of child, birth date, name of parents or guardian, address and phone number.

2. Any information regarding disabilities or problems the child may be experiencing such as diet, prescriptions, allergies, and medication, speech or behavior problems.
3. The name, address and phone number of a verified second home where the child may be left in case of parent emergencies. This must be posted in the center. The information must be in fanny pack/aprons. Any changes of this information must be given to Area Support Assistants to be put in computer from a change of status.
4. Transfer/Drop – If a pupil is moving out of you area, his/hers complete file with change of status will be given to the Area Support Assistant in the appropriate location, if it is in our eight (8) county area, we will try to retain the child within the program. When a child is dropped from the program, it is to be noted on the weekly meal count/attendance.

Family Advocates will have two (2) weeks to enroll any needed children in the area. If the slot is not filled, the Family Advocate’s hours will be decreased according to the chart below:

Hours	<i>Children</i>	Hours	<i>Children</i>	Hours	<i>Children</i>
38	36	28	26	20	18
37	35	22	20	19	17
29	27	21	19		

If enrollment drops after last day to enroll new children, Family Advocates hours may stay the same, providing three complete applications / recruitments are done for every dropped child. For example: enrollment drops by two. This means six (6) complete applications/recruitments must be turned in every week or hours will be reduced. Once hours are reduced, they will not be reinstated. Newly hired Family Advocates who begin duties after the program year begins will be given one month to get full enrollment. After the initial one-month period the enrollment requirements listed above will apply.

Family Advocates are required to make bi-monthly home visits with the family, with the family’s permission, totaling four (4) for the year. More visits can be made as needed.

5. Pupil Absences
 1. Center

If an enrolled child is absent three (3) consecutive days contact must be made with the parent or legal guardian to establish the reason for the absence and to stress the importance of regular attendance. Family Advocates will make contact with the families or leave documentation to show an attempt was made. Family Advocates will immediately notify the teacher for reason of absence so that teachers can document the reason on the attendance if the family has a phone, Site Managers may attempt to make contact by

phone. Note reason on the attendance and Contact/Transaction Form and notify Area Coordinator. If the family has valid reasons for the absences we will work with the family to correct the situation.

Examples: Illness, family crisis, out of town, etc. If any doubt about valid reasons, contact your Area Coordinator. At this point the Family Advocate will notify the parent or legal guardian in writing that the child must resume regular attendance or they will be dropped and services will cease.

7. All forms must be filled out at the appropriate times.

E. Family Assessment / Family Partnership Agreement

The family assessment/family partnership agreement should begin as soon as you have contact with the family. The forms are an ongoing tool to be used all year on a need basis.

F. Volunteers

1. Site Manager, or designated staff member, must orientate the parents or community volunteers each morning. Set aside a time to go over lesson plans and materials to be used for the day.
2. Classroom Volunteers – no one 14 years or younger may volunteer in the classroom and arrangements must be made with the Site Manager in advance. If, while volunteering, these young people display inappropriate behavior, the Site Manager will instruct them to leave: and they may not return without their parents present.

G. Parent Meetings

1. Family Advocates, Site Managers and Teachers are required to attend parent meetings. Family Advocates and Site Managers are responsible for establishing a working parent group by attending meetings, helping formulate plans for training, assist at first meeting until slate of officers are elected, to provide guidance in conducting business meetings, and to serve as a resource person knowledgeable of speakers, films, slides and community organizations to be utilized for parent education.
2. Centers will be allowed to spend a maximum of ten (10) dollars per classroom, per event, if needed, **not to exceed thirty (30) dollars per center**, for open house, the first parent meeting, Volunteer Appreciation Day, Kindergarten Tea and Recruitment

meeting. Home-based programs will be allowed ten (10) dollars to spend at these parent based events. When submitting these purchase notices, please mark it "parent fund".

3. The following staff will be paid for attending Parent Meetings:
Center: Family Advocate, Site Manager or other staff as designated by the Area Coordinator

H. Parent Fund

1. Each parent group will be allowed \$50.00 per fiscal year for each classroom. This fund is to be used for education materials and training supplies for the parents.
2. Bills to be paid from the parent fund should be sent into Central Office by the Site Manager and marked "Parent Fund". The Parent Group Secretary should indicate in the minutes the amount spent and how much of their allotted money remains to be spent.

IV. The Head Start Vision for Parent Involvement

To create and sustain a partnership and collaboration with all Head Start parents with goals to:

1. Support parents as primary educators, nurturers and advocates for their children;
2. Provide every parent with opportunities for a significant experience in Head Start; and
3. Ensure that parents are involved in making policy and program decisions for their Head Start program.

Each Head Start program should reflect this vision through efforts to carry out the following principles:

1. All aspects of the program support the cultures of the families and the community in which the program operates.
2. Parents have the opportunities for participation and shared decision-making in every area of the program.
3. The staff and program meet the expressed interests and needs of each parent, through an ongoing process of personal and family goal-setting and partnering of activities to meet these goals.
4. All aspects of the program respond to and support children with disabilities and their families.
5. Families build the confidence, skill and knowledge they need to access community resources on their own behalf.
6. Programs make special efforts to reach out to and include fathers, supportive male family members, and male caregivers in their parent involvement

- activities, especially those activities involving the development of their children.
7. Parents, staff and Policy Council members work together and provide leadership to: strengthen their community; communicate with their communities about the gifts, interests, and needs of Head Start families; and assist in improving existing services or bringing in new services that are needed.

Male Involvement / Fatherhood Initiative

Strong families are essential to the future of the nation; both mothers and fathers play an essential role in ensuring the well being of their children. Research has shown that when men become actively involved in their children's lives, they can positively impact many aspects of children's development. East Missouri Action Agency, Head Start, will strive to build upon the existing involvement of fathers / males and work to strengthen their roles.

Head Start will encourage male involvement in their programs.

Each Head Start site will display print (i.e. posters) to encourage fathers and other significant males that are involved in the children's lives to become involved in the Head Start program.

Head Start will communicate with fathers through home visits, parent / teacher conferences, phone calls, notes, newsletters and during visits to their child's center.

Head Start will treat fathers / males with respect, and make them feel welcome at their site by offering volunteer opportunities that will make fathers / males feel useful and needed.

Head Start will make their sites male friendly, so father's males will feel welcome.

Head Start will encourage fathers / males to volunteer on parent committees, parent meetings, educational activities, health services, and / or other volunteer activities.

Head Start will encourage fathers to volunteer on Policy Council.

A. Fund Raising

To be counted as In-kind

1. Fund raisers by parent groups/staff must be approved by APC and Central Office before the event.
2. All money from fund raising events must be sent to Central Office to be cleared through the fiscal department and can then be audited in the regular Head Start audit.
3. Central Office must be notified of all items purchased with funds raised.
4. At least three (3) price comparisons must be obtained and submitted before purchases of \$50.00 or more can be made.
5. All moneys must be spent before the end of the fiscal year – December 31st.

In-Kind –See Computer Section

All staff must actively encourage and seek volunteer participation.

V. INSTRUCTIONS ON DOING A WEEKLY STAFF MEETING

Staff meeting should be done on Monday morning unless a holiday or training is scheduled. In the event of a Monday, you cannot have staff meeting the week before, you should do two (2) weeks worth of planning to cover the lost Monday. There will be two (2) hours allotted for staff meetings. Some centers will not require the entire two (2) hours and some centers may need more time.

People involved: Site Manager, Teachers, Center Aide, Family Advocates, Cooks, Cooks Aide, and Area Support Assistants, in other words everyone in the center.

If your center is equipped with an answering machine, turn it on. The staff meeting needs to have everyone's uninterrupted attention. Everyone needs to be aware on Monday morning you will be unavailable for two (2) hours.

Staff Meeting should start at 8:00 a.m. and end at 10:00 a.m. This will allow any staff meeting to be observed on any Monday.

Site Manager will facilitate the staff meeting and they will appoint a recorder. The entire center staff will attend the meeting until the Child/Family Staffing. After the group meeting, the smaller team groups will meet. They will include Family Advocates, the Teacher, and anyone with information pertaining to the child being staffed. This will be at the end of the staff meeting so the rest of the staff will be able to resume their normal activities.

Instructions for Staffing Families

The designated staff will form their groups. This will be at the end of the staff meeting so the rest of the staff will be able to resume their other duties. Staffing of families is done by the Family Advocates. Use the new forms that are provided.

Each staff meeting should include at least 30 minutes of training for the staff. Your local health departments are a good resource for this training. The training can be done by a staff member who has attended training. On the other hand, if problems have arose in the center this is a good time to train for change. This training should be documented and the person facilitating the training should be listed. The training should be sent to Central Office Attention: Training Specialist, to be tracked in the computer.

The Family Advocate will have input in the Child Staffing being done by the Education Staff as well as their family staffing. This input will be given during staff meeting. You cannot always staff the same family and child; do to their needs being different. A copy of the Family Staffing should be attached to the Staff Meeting report to be sent in to Central Office.

Instructions for Child Staffing

Education staff decides on the children to be staffed one week prior to staff meeting. Make and record observations on observation sheet. At staff meeting, fill in names of children being staffed on staff sheet. At the end of the full group staff meeting, or at a time that will best fit into centers needs, the education staff will break off into groups with Family Advocates for child staffing. Fill out child staffing sheet at this time. Information will be discussed and shared about child and family. Observations (including parent observations) and screenings will be shared and discussed; goals will be discussed and documented. Modifications will be discussed and documented. Individual activities will be decided and coded on lesson plans. Completed child staffing form will be kept and designated in the center locked file cabinet.

VI. INSTRUCTIONS FOR STAFF MEETING REPORT

1. Center – Put name of your center.
2. Date – The date of the staff meeting.
3. Time – Time you began.
4. Cooks – Any input cooks want to provide
5. Volunteers – Information about volunteers that needs to be shared, assignments volunteers are working on or need to work on.
6. Trainer signature – A trainer will be appointed each week and documented here and on the lesson plan, that trainer will sign to make sure everyone knows who's responsibility it is to train volunteers who come to the center.
7. Center Aides – Any information relevant to the entire group.
8. Family Advocates – Information should be shared that pertains to the entire group. Give the names, to be written, of the families that you will be staffing for that week.
9. Special Needs Children – Any information needing to be shared with the entire group should be documented here.
10. IEP's in Progress – Any information on IEP's would be documented in this area.
11. Change of Status – Any change of status done during the week should be shared with the group and documented on this line.
12. Transition of staff – This area is for information regarding contacts with schools, recruitments of children to Head Start, teas, joint meetings with other agencies, such as day cares, etc.
13. Education Staff – To share information applying to the entire group.
14. Children to be staffed – This area is for the children's names to be staffed for the week.
15. Lesson Plan Topic – Put the topic of the Lesson Plan.
16. Special Events or Field Trips – Such as Grandparent's Day, Valentine's Day, etc.
17. Upcoming Meetings/Trainings – Parent Meetings, In-Service, CPR, etc.
18. Memos – Document memos have been read and initialed.
19. List request forms turned in – If a request form for field trips, supplies, etc.
20. Other Comments – Problems, comments, etc.
21. Center Needs/Problems – Describe problems or needs of the center if it has been an ongoing program, list it here.
22. Signature of all staff attending – Sign
23. Reviewed By – Area Coordinator, Deputy Director or Director (Central Office staff) may review and sign

VII. FAMILY PARTNERSHIP AGREEMENT FORMS

Performance Standards/1304.40 Family Partnerships

A. Family goal setting

1. Head Start must engage in a process of collaborative partnership building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.
2. As part of this ongoing partnership, Head Start must offer parents opportunities to develop and implement individualized Family Needs Assessment/Family Partnership Agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In home-based program options, this Agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities.
3. To avoid duplication of effort, or conflict with, any pre-existing family plans developed between other programs and Early Head Start of Head Start families, the Family Needs Assessment/Family Partnership Agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning pre-existing plans.
4. A variety of opportunities must be created by Head Start for interaction with parents throughout the year.
5. Meetings and interactions with families must be respectful of each family's diversity and cultural and ethnic background.

B. Accessing community services and resources

C. Services to pregnant women who are enrolled in programs serving pregnant women, infants and toddlers

D. Parent involvement – general

E. Parent involvement in child development and education

F. Parent involvement in health, nutrition and mental health education

G. Parent involvement in community advocacy

H. Parent involvement in home visits

Some Suggested Questions for Family Needs/Family Partnership Agreement

Living Domain/Daily Living Situation

What family wants?

1. How happy is the family in the current living situation?
2. Is it section 8 housing?
3. Is there sufficient amount of personal space for family members? For children to play?
4. How is landlord maintaining the house? Is it kept up to livable standards?
5. How comfortable is family in neighborhood? In community?
6. Does the parent seem confident in their parenting skills? Do they know about workshops/training programs offered or referred by Head Start?
7. What types of meals are served? What type of an appetite does the child have and does he/she eat nutritional foods?
8. Where do they see themselves living five years from now?
9. What types of meals would they like to serve?
10. What type of parent would they like to be? (i.e. more of a disciplinarian? Less strict? More involved?)
11. What is their ideal living situation?

What they have done in the past:

1. Where if the family originally from? Where has family lived?
2. How long have they been at current residence?
3. If Section 8 housing, how long have they been receiving it? If not on Section 8, are they on the waiting list or do they know where to sign up for it?
4. What type of nutritional or parenting programs have they attended?

Financial/Insurance

What family wants?

1. TANF or any other benefits, or are they employed?
2. Medicaid, MC+ or any health insurance?
3. Any family support financially? Do they receive child support (if it is a single mother)? Do they know about the child support enforcement agency (refer telephone number)?
4. Any sources of income beside job and/or welfare benefits? Do they receive help from the Earned Income Tax Credit?
5. Is family able to pay bills routinely?
6. Does the family have help in budgeting expenses or in financial counseling? If yes, who and how were they referred to them? If no, do they know about programs offered to help them in this area?
7. Does the family need any emergency services?

8. Are they having difficulty paying off any debts?
9. Does the family need any referrals for legal help? Do they know about free legal services?
10. What type of insurance do the parents want, if they do not already have? Life? Health? Car?
11. What type of budgeting or financial help do the parents want?
12. How far are they from being satisfied financially?
13. Regarding their finances and insurance, what type of goals have they set for them to try and achieve for five years from now?

Resources – Personal and Social:

1. What has been the family's traditional source of income?
2. If they have received TANF or other benefits, how long have they been receiving them? Has the new welfare legislation affected them? Do they know the implications of the new welfare reform and how it affects them?
3. What type of insurance programs have they or are they currently enrolled in?
4. Have any family members helped financially? If yes, how often and how supportive have they been?
5. Has the family used social service agencies for assistance? Which ones (i.e. Dollar Help, food pantries)? How helpful have they been?

Vocational/Education

What the family wants?

1. Job? Part-time/Full-time?
2. Extent of education? If not a high school graduate are they interested in enrolling in a GED program?
3. Are they in any type of school currently (i.e. classes at community college)? If they are, how satisfied are they with their courses? What do they want to do with the education or training when they complete the programs?
4. Do they know about job training programs or career work shops offered by Head Start? Have they ever attended one of the workshops? Do they have any suggestions for workshops or programs which would interest them? What are they?
5. Are they currently in or working toward a career which will satisfy them? If not, how far or what steps have they taken to begin to move in the direction they want to move in?
6. Have the parents gone as far as they would like educationally? Do they know about all the options for educational and training programs?
7. Are the parents in the career they want to be in? If not, what type of career do they want to be in?

8. Do the parents know what type of training they would like if a job training program became available? Have they looked into all the possible options regarding possible job training locations and options?
9. Do the parents know what type of hours they would like to work ideally? Do they have a desired child care option?
10. Five years from now, where do they see themselves in terms of a career or education?

What they have used in the past:

1. What is the educational background? What schools have family members attended? Have they had positive or negative experiences in these settings?
2. Job history? Positive or negative experiences?
3. Job skills?
4. Any job training or vocational training?
5. Have the parents attended any job fairs or received any job counseling in the past?

Social Supports:

What the family wants?

1. What family members are they close with?
2. Do they have friends in the neighborhood? In the city or county? Does the family feel like they are a part of the community?
3. Do they belong to a church? Are they active in the church? How important is church and religion to the family?
4. Does the family receive help from DFS? What kind of help or referrals have they received?
5. Are they active in community activities?
6. Are they involved with Head Start? If so, what kinds of things have they done? Do they know about the extensive Head Start efforts and activities which have been set up to involve Head Start parents as volunteers?
7. Do they have friends from work?
8. Do they know of community programs like "Big Brothers" which offer social support?

What has the family used in the past:

1. Does the family want more social contacts with family and friends? If so, how are they making attempts to make these social contacts?
2. Are the parents involved in organizations or know of any organizations they would like to be involved in?
3. Does the family want to be more involved in their church?
4. Has Head Start been a good form of social support? If not, how could we improve?

5. From a social standpoint, where do they see themselves deriving their main forms of social support in five years from now?
6. Where has family consistently turned to for support? Family? Friends? FSD?
7. What organizations have they belonged to?
8. How long have they had children in Head Start?
9. What type of things have they done in conjunction with the Head Start program?

Family Health

What the family wants?

1. Has the child and other family members received appropriate immunizations?
2. How is current overall health of family members?
3. Does the child take any medications? Are there any side effects?
4. If child has disability, what kind of treatment is he or she currently receiving?
5. How does child's mental health seem? Has the family noticed if the child seems depressed or withdrawn? (Expand on this if possible)
6. Does the family need any emergency services? Do they know how to go about receiving them?
7. Are there any illnesses or injuries of family members that need to be taken care of? If there are, what are they and how is the family going to go about taking care of these concerns?
8. Are there any concerns that any family members would like a physician to check out? What are they?
9. Is the family happy with current physicians or clinics? If not, do they know where they would prefer to go for medical situations?
10. Are they concerned about medications? Would they prefer any alternative therapy or medication if they are currently unhappy with anything they are currently taking?
11. Five years from now, where would the family like to be regarding their health? Preferred physicians? Preferred treatments? Preferred insurance? Preferred way to deal with disability?

What they have used in the past:

1. What type of health care has the family used?
2. Who is current doctor or what clinic do they use?
3. How have children been screened for illnesses and received immunizations?
4. What have current and previous teacher or other Head Start faculty told parents about the mental or physical health of the child?
5. What type of feedback have you received regarding the health of your child in general? (From other family members, friends, neighbors, etc.)

Strategies (Communication Form) from IEP'S or other concerns:

See Education Plan

Pre-Existing Family Plan (AT ENROLLMENT)

Current Status:

1. Do you have a family plan with another agency? Example: Parents as teachers, FSD, or any other agency.
2. If you do have a plan what are you covering in your plan?

Individual Desires:

1. Would you like Head Start to work with you on things covered by the other family plan?

Resources-Personal and Social:

1. Would you like Head Start to contact the other organization that you have an agreement with in order to coordinate ideas?